

Heritage-WTI, Inc.
Incident Report

2013.1729

To be completed by the employee and supervisor
before the end of the shift.

I. Incident Information:

Date: 3/3/2013 **Time:** 05:30
Type: Leak / Air Release / Spill
Location: Slag and Ash Area

kris parsons
Investigator(s):

Investigators - Manager: Kris Parson
Investigators - Safety Technician: Kevin Hare
Investigators - Employee: Mark Francis

Investigators - Others:

Attachments:

II. Employee Information:

Name: Mark Francis
Department: Operations **Job Title:** Operations
Supervisor (GM) on Duty: kris parsons **Overtime:** 0

If other than Heritage-WTI

Company Name: heritage thermal
Company Address: 1250 st george st east liverpool/oh
Company Phone: (330) 386-2134 **Was Company Notified?:** 0

III. Incident Scene Information:

Specific Location: _____
PSM Location: 0

Describe How the Incident Occured:
Had an ash fall in the SCC which sent the unit positive and caused a priority one to the ELFD. We inspected feed bldg and incinerator and declined assistance from the ELFD.
No damage to equipment or injuries occurred.

Type of Machinery/Equipment/Materials/Waste Involved: _____

Waste Stream Profile: 128991-3
Container Number: _____
Machinery / Equipment Placed: _____

Repairs Required

Out of Service

JAMS Work Order Number(s):

IV. Events Causing the Incident:

Describe the events and conditions that contributed to the incident. Include information on the worker, machinery and equipment, environment and management.

incinerated several boxes of Sunoco waste (128991-3) the week prior to this incident.

V. Corrective Actions:

Identify the factors listed above that can be corrected to prevent a reoccurrence of this type of accident. Indicate the person responsible for making the change and project a target date for completion of the task.

**** Initial - Corrective Actions:**

**** Long Term - Corrective Actions:**

Formed team with HTS / HRG to investigate further. See corrective actions from incident 2013.1794. - SL

CPAR Generated: 0

Responsible Person:

Target Completion Date:

12:00:00 AM

Method of verification of Corrective Action.

Verification Date:

12:00:00 AM

V. Incident Report Prepared by:

Name: Kris Parsons

Title: Group Manager

Signature: Kris Parsons

Date: 3/3/2013 7:35:43 AM

VI. Summary:

Include comments that would promote a safe workplace environment and reduce an accidents potential in the future based on review of the events causing the Incident and implementation of Corrective Actions.

Risk Rating: High

Category: _____

VII. Injury Information:

Name of Injured person: _____

Nature of Injury: _____

Body Part: _____

Work Start Time: 4:00:00 AM

Employee's Specific Task and Activity at Time of Injury:

n/a

Injury Treatment (Click all that are applicable):

Fatality

Onsite First Aid

Offsite Treatment _____

Other, Specify: _____

Drug and Alcohol Testing Done:

0

Date and Time:

12:00:00 AM

For Safety Manager:

First Aid

Recordable

Restricted Duty

Loss Work Days

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